

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/890951

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9	1						59						
10		1					60						
11		2					61						
12		2					62						
13		2					63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL	2	1					TOTAL						
TOTAL	2	1					TOTAL						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1					IND.						
DEP.	1	1					DEP.						
TOTAL	2	1					TOTAL						
IND.	2	1											